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NATURE AND LIMITATIONS
OF THE
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WILLIAM H. HOLCOMBE, M.D.

EXTRACTED FROM THE NORTH-AMERICAN JOURNAL OF HOMŒOPATHY FOR
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THE laws of nature, local or universal, simple or complex, obvious or recondite, must be essentially uniform in their own operations and concordant with each other.—For this reason the ancient sages called the universe a *Cosmos*—a name synonymous with order and beauty.—There is and must be upon every given subject such a thing as absolute truth, and the closer our approximation to it, the more thoroughly we shall agree in opinion. There are no skeptics or heretics in mathematics and astronomy. It follows that all the discrepancies of opinion which men display arise from ignorance of natural laws, from merely partial glimpses of them, or from misconceptions of their true meaning and extent. The present chaos of the mental and moral worlds is to be remedied, like the old terrestrial chaos, by the creation and influx of light. Knowledge is the true and only healer of dissensions. The powerful ferment of thought which characterizes the present century will eventuate in a better order of things, and the establishment of the true fundamental principles of theology, government, science and art. For medicine, too, and medical men, there is a coming millenium and the reign of brotherly love.

The following passage from Dudgeon's Lectures on Homœopathy, a work of great learning and power, strikes me very forcibly on account of its intrinsic truth and comprehensiveness of spirit. "It would be no small gain to homœopathy and to medical science, to show that the recognized methods of cure, and the homœopathic may be reconciled, if we go deep enough, and take a more philosophical view of the vital actions than has hitherto been done by the partizans of either method; if we look thoroughly into the operations of the organism, and do not allow ourselves to mistake words for ideas, or to accept error, however ancient and time-honored, for truth."—Dr. Dudgeon gives a theory of drug-action, in which Fletcher, C. Müller, Meyer and other distinguished homœopathists concur—which supposes the intimate or essential operation of our medicines to be antipathic or opposed to the existing morbid process, although the drug be selected according to the formula "*similia similibus*," and used in inappreciable doses.

I do not propose, however, to criticise that theory. It is only cited to show that the old Hippocratic spirit retains its hold even in the homœopathic profession, and as an illustration that the differences between the two schools, philosophically, as well as practically speaking, are more apparent than real. I wish in the present essay to state what I deem to be the true nature and meaning of the homœopathic law, in a manner which I have never failed to make comprehensible to the allopathic understanding: I will then show how very extensively this law pervades allopathic practice, so as to account satisfactorily for its cures, and lastly I will review the very large neutral or common ground, which no school or system can with any justice appropriate especially to itself.

A medicine is loosely defined in our text-books as an agent employed in the cure of diseases. Air, exercise, diet, mental impressions and a great many other things may be included under such a definition. Surgical instruments even would find a place in such a list. About the application of *drugs* alone, however, is there any dispute between allopathists and homœopathists? A medicine therefore in this restricted sense is a more or less poisonous drug found by experience to be curative in disease. The Greeks had one word for medicine and poison.

Every medicine, indeed, depends upon its pathogenetic or disease-producing properties for its usefulness. Considered abstractly as a material object, holding certain relationships to the human body, it is simply a poison—a deleterious and noxious thing. But still this pathogenetic property is made available in bringing about curative results. Every dose of medicine produces beyond all dispute an artificial disease. The situation and extent of this artificial disease are the only mooted points. A very slight morbid impression *in* the diseased place, say the homœopathists: a very strong one in some other place, say the allopathists. There lies the gist of the controversy:—let us examine it.

Hahnemann states the therapeutic law in the following terms. “A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is still more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself.” (*Organon*, § 26.) Leaving out his unestablished and unnecessary hypothesis that the new disease is stronger than the old one, this formula is the grandest, and most thoroughly practical generalization which has ever been made in the science of medicine. A dynamic natural disease (not a mechanical or chemical deviation from the standard, and subservient to mechanical and chemical laws) is best cured by producing an artificial disease in the same parts and tissues, which therefore manifests itself by similar symptoms. This is the sole “indication” in homœopathic practice. This is a clue to lead us out of the labyrinth—to make available the disease-producing properties of drugs. That drugs have any special healing, mollifying, directly curative effect, is purely a popular superstition. They cure by producing artificial diseases. Where shall they be established, in the diseased, or in a sound part?

Many distinguished allopaths have recognized to a great extent the truth of the homœopathic principle. We will select two passages out of many from the best authorities.

“**SUPERCESSION.** By this process is meant the displacing or prevention of one affection by the establishment of another in the seat of it. It is a general, though by no means a universal pathological law, that two powerful diseases or forms of abnor-

mal action, cannot exist in the whole system or in any one part of it at the same time. If therefore we can produce a new disease or new mode of abnormal action in the exact position of one that may be existing or expected, we may possibly *supercede* the latter, and if the new disorder subside spontaneously without injury, we cure our patient. The operation of numerous remedial agents may be explained in this way. It is thus, for instance, that Mercury has been supposed to cure syphilis. But we have better examples in the powerful influence of certain anti-periodic remedies, such as Quinine and Arsenic, in the cure of intermittent diseases. They establish their own morbid impression in the absence of the paroxysm, and the system being thus occupied at the moment when the disease was to return, is incapable of admitting it." (Wood's Therapeutics, Vol. 1st, page 54.)

"Upon this ground we are disposed to suggest a trial of Strychnia in tetanus: not that we have become followers of Hahnemann, but that it is a simple and undeniable fact that disorders are occasionally removed by remedies which have the power of producing similar affections. It is quite unnecessary to explain this fact by an arbitrary principle, that one artificial irritation excludes a spontaneous irritation of the same kind. A more rational ground for an expectation of benefit from homœopathic medicines may be found in the consideration, that such agents prove by their occasional production of symptoms like those of the disease to be treated, that they act on the part which is the seat of that disease, and consequently that there is a probability that in their operation on that part (whether it be in a sufficient degree to produce a similar disease or not) they may effect a beneficial change. Oil of turpentine, for instance, having been known to produce a discharge of bloody urine, might be rationally administered in a case of spontaneous hæmaturia, not because it has a tendency to produce this disorder, but because that tendency shows it to have a specific action on the vessels from which the hæmorrhage takes place." (Dr. Symond's Cyclopædia of Pract. Medicine, Vol. 4, p. 375.)

We accept the above paragraphs from old-school authors as a lucid exposition of the principles upon which we practice what is called Homœopathy. We only differ from these high autho-

rities in maintaining the very wide-extended applicability of these principles. Moreover, we detect the real cause of their so limiting our therapeutic law. They give medicines, in accordance with physiological or pathological theories, to produce their so-called curative and not their pathogenetic effects. Were they to abandon experimentation on the sick, and experiment on the healthy for *pathogenetic facts*, and apply their own philosophy to practice with a discreet diminution of dose, they would discover the universality of the therapeutic law of homœopathy.

The first, simplest and most obvious illustration of the super-induction of an artificial in place of a natural disease may be drawn from the common treatment of those local diseases which are within the reach of our hands or instruments. The use of caustic and irritant eye-washes to inflamed eyes, of Nitrate of silver to sore-throats or to the neck of the uterus, the introduction of medicated bougies, of stimulant ejections as in hydrocele or ascites, and the application of blisters, Iodine, caustics, &c., to ulcers, erysipelas and other cutaneous affections are examples in point. Whatever explanatory theory may sway the mind of the physician—the ultimate fact is—that an artificial disease has been produced in the locality of the natural one, and that both have disappeared together. The same substances applied to the same points in the healthy man would have induced similar artificial diseases.

Prof. Wood very well understands this. “The susceptibilities are often different in health and in disease, so that the same medicine may produce opposite effects in these two states. Thus, Cayenne-pepper, which produces in the healthy fauces redness and burning pain, acts as a sedative in the sore-throat of scarlet-fever. A mere difference in the mode in which a medicine is employed, may cause it to be either stimulant or sedative. A concentrated solution of acetate of lead applied to the denuded skin or to a mucous membrane acts as an irritant; while the same solution, very much diluted, will operate as a sedative through the peculiar powers of the medicine.” (Therapeutics, Vol. 1st, page 33.) Yes, Dr. Wood, and push your teachings here to their logical issue and they will land you safely on the shores of homœopathy. Arsenic concentrated will in-

flame the stomach—diluted will cure a similar state; Colocynth concentrated will purge and gripe—diluted will relieve the same symptoms. Cantharides strong, will produce strangury; diluted will cure it. Belladonna strong will congest the brain, weak will restore an already congested brain to its normal state; and so on and so on through the whole *materia medica*.

Every local medication applied to the diseased part falls therefore under the homœopathic formula. We are not obliged to use these local measures nearly as often as allopathists, because we have discovered that drugs are capable of producing dynamically these external inflammations, and therefore of curing them when internally administered. For example, Belladonna produces violent sore-throat and will cure one without the aid of Cayenne-pepper or lunar caustic. Still we will not abate one jot of our perfect right to appropriate such treatment to ourselves as consistent with and strongly illustrative of our therapeutic law. We will go yet further: we will say that homœopathic medicine is but an extension to the invisible interiors of the body of the therapeutic principle which the old school finds so efficient in the local treatment of disease. There is no reason why inflammations of the brain, lungs, liver or any other deep-seated organ should not be as readily modified and cured by direct irritants as similar morbid states of the capillary system in the eye, the throat, the urethra, or the skin. If the allopathists could have cauterized the brain, the lungs, the liver, &c., they would have done so long ago, and reasoning from analogy with every prospect of success. Now nature has provided us with a vast number of specific caustics or irritants to every organ and tissue in the body. By means of the well-recognized specific affinities of drugs for certain organs and tissues, we can produce artificial diseases in any given point of the body. These specific affinities of drugs are best discovered by experimentation on the healthy man and by the analysis of toxicological reports. Many of them have been brought to light in the course of centuries by the old method of experimenting on the sick, but that method is at the best tedious, complex and uncertain. The homœopathic search for the *pathogenetic* properties of drugs has effectually reconstructed the *materia medica*, and put it upon a practical basis from which all theoretic speculations and

classifications are forever banished. This is the true glory of homœopathy—the essential part of it—that which makes it a separate school, destined to revolutionize the healing art. Against this pathogenetic materia medica the allopathists have opposed nothing but quibbles and criticisms. When we think of what priceless stores of knowledge they search and reject, our wrath at their bigotry is disarmed by our pity for their ignorance.

We said that the old school had stumbled upon the use of the pathogenetic properties of a good many drugs. Mercury for syphilis, Copaiba for gonorrhœa, Sabina for uterine hæmorrhage, Calomel for inflammations of the mucous membranes, Tartar-emetic for pneumonia, Ipecac. for bronchitis, Nux-vomica for asthma, Quinine for intermittent, Opium for the congestive stage of the same disease, Alcohol for delirium tremens, Turpentine and Cantharides in renal and vesical diseases, tonics in debility, Castor-oil in dysentery, Rhubarb in diarrhœa, and Vaccination and Belladonna as prophylactics may be cited as illustrations of the fact. Individual physicians have here and there, and now and then used almost every drug on homœopathic principles and recommended it—but the above specific applications have met the sanction of almost the whole profession. Now the above named drugs produce similar symptoms to those of the diseases in which they have been found so useful. They act *on* the diseased parts, and cure on Prof. Wood's theory of *SUPERCESSION* which is synonymous with Hahnemann's "*similia similibus*." When allopathic physicians use those drugs in the above mentioned diseases, they are practicing homœopathy, however ignorant they may be of the fact. If they would acquire nicer powers of discrimination by studying the pathogenesis of drugs and reduce their doses in a very great degree, the differences between us upon hundreds of essential practical points would vanish. As both of those processes are going quietly on in the old school, and as the new school are abandoning their own theories and the great mass of it increasing their doses, the ultimate amalgamation is inevitable. The great therapeutic formula of Hahnemann will be to medicine what the theory of gravitation is to physical science.

The local measures of allopathy and almost all of its empirical or specific prescriptions have been shown to be, although coarse-

ly, still essentially homœopathic in their principle. We shall proceed to demonstrate that a very large remaining part of allopathic practice, namely that known as counter-irritation or revulsion, is also essentially homœopathic in its action. This counter-irritation or revulsion may be said to include three-fourths of ordinary allopathic practice. It not only includes the use of sinapisms, blisters, issues, setons, moxas and pustular irritants, but emetics, purgatives, diuretics, anodynes, and almost every class of remedial agents. The idea is simply this: the action of every drug being intrinsically pathogenetic and thereby curative, that action must be displayed in the diseased part itself, or in some sound part more or less remote. No matter what the physician proposes in his own mind to do—the upshot of his practice is that he produces an artificial disease somewhere in the body. His catharsis is a genuine diarrhœa, his mercurials congest the liver, his opiates the brain, his diuretics irritate the kidneys, his emmenagogues the uterus. He cannot possibly modify the vital or dynamic functions without acting pathogenetically upon some point. Only disease cures disease. Homœopathy aims to throw its morbid impression directly on the diseased part: allopathy diseases some other part. Now let us study the precise relationships which must exist between a natural disease and an artificial one established in a distant part of the economy.

The curative action has been generally supposed to depend upon the detraction of nervous and vascular supply from the diseased part to the skin or other irritated membrane, as if there was an actual transfer of some pathological element from one point to the other—as if disease was a fluid to be drawn hither and thither by suction or other forces.—Almost all the text-books re-iterate this idea almost exactly in the same words. Pereira alone boldly pronounces the whole hypothesis as “perfectly gratuitous and incapable of proof,” and says we must be “content with the knowledge of the *fact*, that one disease, whether artificially or spontaneously generated, will often, but not invariably, supersede another.” If the common theory were true, the greater the internal inflammation, the more necessary would strong or severe counter-irritation be, to draw off or detract from such a morbid state. But no! revulsives *aggra-*

rate in acute cases, unless the centres of sensitive life have been first almost paralyzed by bloodletting or great depletion.

Physiology must explain the true action of revulsives, and it is perfectly astonishing that their *modus operandi* has not long since been made clear by the many phenomena of reflex action which have been already observed. We see no irritation attracting other elements to its own point—but the reverse; it is uniformly *reflected* over to other and distant parts. A tense gum, worms in the intestines, wounds, burns, &c., do not draw away nervous irritability from other parts, but reflect their own irritation upon the nerve-centres, and through them to distant peripheries. Burns, which are accidental blisters, produce internal inflammations and ulcerations. The contraction or dilation of the sphincters are propagated from one to another by this sympathetic or reflex action. The cold douche to the surface, constricting the cutaneous capillaries, by reflex action, repeats its impression on the visceral capillaries, and so arrests hemorrhages, &c. The organic state produced in one point is reproduced or repeated in other points sympathetically connected. The concentration of blood and serum in and about a blistered or irritated surface may deplete a little, but that will not begin to account for the results. The irritated surface reflects its own state on to the points naturally diseased, and this reflected stimulation is equivalent to a direct cauterization, or to the action of a drug, specific to the part. How beautifully clear is the whole subject made by this mode of looking at it!

Dr. William Stokes, one of the greatest practical authorities in medical literature, distinctly advocates this view of revulsion. "We must then admit that external derivatives have two modes of action: the one derivative, the other *directly stimulant on the diseased part*. We find them, as we stated before, generally useful in three sets of cases, namely acute inflammations where general and local bloodletting has been premised, typhoid inflammations and chronic diseases: and it becomes probable that a part at least of *their utility is owing to the direct stimulus conveyed to the capillaries of the diseased tissue*.—They are all essentially stimulants."—(Cyclop. Pract. Med., Vol. 1st, page 603.) Now, why do our allopathists feel obliged to premise some depletion before resorting to counter-irritants?

Simply because, to use a metaphor, the dose of it is too strong : it produces a homœopathic aggravation. There are but two modes of procedure, either to reduce the vital powers and susceptibilities until they can stand the fixed dose, or to reduce the dose until it is precisely adapted to the existing state of the case. The former is the allopathic, the latter the homœopathic way of doing things.

We have thus seen that the topical, empirical, and revulsive measures of allopathy are fundamentally homœopathic in their action. This, however, gives the true homœopathist no license to practice allopathy in the common sense of that word. The simplicity and universality of this therapeutic law surrounds him with a new atmosphere of light, certainty and order. He sees that "general principles" and "indications" and pathological speculations of all sorts are *ignes fatui* leading astray. He sees that the polypharmacy of allopathy is a monstrous absurdity—a mere random shot at disease. He knows that the doses, even when the drug is best chosen, are inordinately large, and that the whole system of revulsion is attended with such injury to the system, both at the time and afterwards, that the remedy is not unfrequently worse than the disease. Still, the above doctrines explain the cures of allopathy, which must be conceded by all sensible men. They point out the defects of allopathy in a strong light and the superiority of the new system. The homœopathist can use the direct pathogenetic powers of drugs—discovered by experiment and observation on the healthy, more successfully and satisfactorily than he can those cumbrous and complex appliances of the old school. He effects the same thing in a more speedy and thorough manner than he did upon the old plan. Nevertheless, if his measures fail, either owing to the infancy of his art, the imperfection of his knowledge, or the peculiar difficulties of his case, he is warranted in resorting with caution and discrimination to any measures in the three above-mentioned classes, and when charged with inconsistency he can retort that he is digging ore from that deep-seated vein of homœopathy which runs through the whole practice of the old school.

Passing now from the nature of the homœopathic law, as it is at present understood by the majority of homœopathists, we will

briefly consider its limitations. It will be seen that this law includes only drugs acting dynamically or vitally on the system—drugs which have specific affinities for particular tissues and organs of the body. This includes probably three-fourths of practical medicine and in that domain the "*similia similibus*" is truly the sole law of cure—as far as the powers of the drug are concerned. But the administration of the drugs is by no means all that is to be considered in the phenomenon of cure. It is a vulgar error, but certainly unworthy of a man of science, to attribute the cause of a cure to medicine alone. There is no such thing as an isolated cause producing isolated effects. Mills, in his incomparable logic, says:—"The cause then, philosophically speaking, is the sum total of the conditions, positive and negative taken together: the whole of the contingencies of every description, which being realized, the consequent invariably follows. It is seldom, if ever, between a consequent and one single antecedent that this invariable sequence subsists. It is usually between the consequent and the sum of several antecedents, the sum of them all being requisite to produce the consequent." It is with this enlarged view that the physician must study the phenomena of disease and its cure. Until he does so, he is a mere bungler, a journeyman, and can never rise to the dignity of master.

Life itself is dependant upon certain conditions—the presence of certain material elements and certain physiological stimuli acting upon those elements. If iron is a necessary physiological element of the blood and phosphate of lime of the bones, and we find these elements deficient in any given case, it becomes our duty to supply them in the precisely requisite quantity. If sleep is a *sine qua non* to our natural life, and if we cannot remove the morbid condition which prohibits it before the vital powers would become exhausted, we must administer opiates. True, we congest the brain and complicate the case, but there are extreme circumstances when even that becomes the duty of the homœopathist. If the vital powers have been greatly exhausted by protracted or prostrating diseases, and we know that alcohol or other so-called stimulants afford a temporary support, they become of great service.—So of many other cases which it is needless to specify. Heat, light, air, water,

food, exercise, electricity, magnetism, mesmerism, mental and moral influences are all physiological stimuli—and variously modified may be eminently useful, as necessary conditions, in the cure of disease. Hence it is that physics, chemistry, psychology, hygiene, dietetics, kinesipathy, hydropathy, and all conceivable surgical and obstetric measures are allies to practical medicine, operating by laws of their own, not reducible to any homœopathic, or allopathic, or every other exclusive formula.

Again, there are chemical means often available and acting according to the laws of inorganic, or of organic chemistry. The antidotes for poisons are used upon this principle and in the doses found requisite by laboratory experiments. Alas! how often have we had to answer the silly question, if we would treat arsenical poisoning by small doses of Arsenic! Acids and alkalis for the contrary states are often comforting and harmless palliatives, although seldom or never striking at the root of the diseased state. If lemon-juice or another vegetable acid is found good for scurvy, if there are remedies which enter the circulation and modify diseased states of the blood or of any special part by chemical laws, why should the homœopathist shut his eyes to their manifest advantage, and instead of using them, pretend to ignore or question their utility? Such conduct displays a want of scientific culture: is disgraceful to the physician and injurious to the patient.

In many cases drugs are used upon mechanical principles. If vomiting can expel a poison or dislodge a calculus, if Ergot can empty the uterus, Belladonna dilate the pupil, Chloroform relax the muscles, if Sulphur ointment cures the itch, or tin filings destroy worms, if styptics, astringents, escharotics, diluents, emollients, emulsives and protectives can be made available to any useful end—use them in the name of common sense and to the best of your ability, and rest assured that you have not deviated from any homœopathic law—for no such law holds in the chemical or mechanical departments of nature. Even Laudanum injections to quiet incessant tenesmus in dysentery, and hydragogue cathartics to evacuate the tissues of dropsical effusions may become admissible on these principles. As

a mechanical measure, blood-letting is just as open to the homœopathist as to the old school. We repudiate it—not because it does not come under our law, but because it is both inefficient and injurious—a fact proven by the superior success of homœopathic specifics, and by the gradual and progressing abandonment of the lancet by the most intelligent allopathists.

Lastly, there is an empirical corner of this neutral ground which is just as free to us as to the old school. Suppose cod-liver-oil to have been found useful for consumption, Iodine for scrofula, Koussu for tape-worm, Colchicum for gout, Sarsaparilla for skin-diseases, Nitrate of silver for epilepsy, &c., &c., have the old school any *fixed principles* to explain these facts, that they so arrogantly appropriate the measures to themselves? Certainly not—they are in a perfect *terra-incognita* where we have just as much right to make discoveries and set up claims as themselves. We feel assured that whatever is really curative by its dynamic or vital action, will be found on a pathogenetic analysis to be homœopathic.

If a candid allopathist will study homœopathy from this stand-point, he will discover (premising that the dose is still an unsettled question, having nothing to do with the principle) that the objections hitherto urged against the system have been flippant and frivolous, scarcely worthy to be encountered. He will find a *Materia Medica* which for truth and richness will challenge the admiration of coming ages. He will recognize the transcendent genius of Hahnemann and the immense improvements made by his disciples. He will perceive that homœopathy has an elective affinity for every genuine fact and principle of medical science, and foresee that when allopathy, boastful and scornful as it is, as a system has expired—the new school like a phoenix will arise from its ashes.



